

Appendix A

Appendix A contains the sections which pertain to the Client Face Sheet for the Nursing Facility version of the LOCET.

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Sections 3.2.4. and 3.4. appear only in the OAAS version of this publication.

3.0. The Client Face Sheet – Instructions for Nursing Facilities

3.1. General Information about the Client Face Sheet

OAAS began using the system data base to house all demographic information regarding applicants in the late 1990s. Since then, various groups of recipients have been added to this data base. With the inclusion of Nursing Facility admission applicants on 12/01/2006 OAAS now houses information regarding all recipients of LT-PCS, ADHC waiver, EDA waiver and Nursing Facility services in the system data base.

The pivotal document in the data base for each applicant / recipient is the Client Face Sheet. The Client Face Sheet contains the demographic information necessary for identification of and contact with the individual.

A rule of thumb regarding contact and demographic information of the recipient:

The Client Face Sheet should contain the most current and accurate information regarding client demographics.

3.2.2. Assign Organizational Levels Responsible for Client

- First Level:** Program Name / Service: This field is pre-filled on the LOCET Hardcopy for Nursing Facilities. The entry here will always be “zero.”
- Second Level:** Region Number: Enter the DHH Administrative Region (number) where the applicant resides. If the applicant is entering a Nursing Facility, the region number of the Nursing Facility will be entered here. See DHH Regions Table at the end of this section.

1	First Level	Program Name Service 0. Unassigned at this time	0
2	Second Level	DHH Region Number	
3	Third Level	Case Management/ Program Agency	Reserved for other use
4	Fourth Level	MDS-HC Assessor	Reserved for other use
5	Fifth Level	Where Interview Conducted: 1. Home 3. FACE 2. Nursing Home 6. ADHC 3. Hospital 7. ARCP 4. ICF/DD 8. Telephone	

- Third Level:** Case Management / Program Agency: This level will be not be used for Nursing Facility submissions.
- Fourth Level:** MDS-HC Assessor:
This level will be not be used for Nursing Facility submissions.
- Fifth Level:** Where Interview Conducted: Enter appropriate choice for location of LOCET interview. Choose “8” for “Telephone” if the LOCET is to be conducted by telephone interview.

3.2.3. Personal Information

- Gender:** Enter 1 if male, 2 if female.
- Birthdate:** Enter applicant’s 8-digit birthdate as indicated.
- Race / Ethnicity:** Answer no or yes for each item, a through f. Use 0 for no, 1 for yes.
- Marital Status:** Make appropriate Selection.
- Language:** Enter number which represents applicant’s primary language.
- Education (Highest Level Completed):** Indicate highest level of applicant’s education.

1	Gender	1. Male 2. Female	
2	Birth date	Y Y Y Y M M D D	
3	Race/Ethnicity	0. No 1. Yes (Answer All) Race: a. Amer Indian / Alaskan Native b. Asian c. Black / African American d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino	
4	Marital Status	1. Never Married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other	
5	Language	Primary Language 0. English 1. Spanish 2. French 3. Other	
6	Education (Highest Level Completed)	1. No Schooling 3. Technical or Trade School 2. 8 th grade or less 6. Some College 3. 9 - 11 grades 7. Bachelor's Degree 4. High School 8. Graduate Degree	
7	Responsibility / Advanced Directives	(Code for responsibility / advanced directives) 0. No 1. Yes a. Client has a legal guardian b. Client has advanced medical directives in place. (for example, a do not hospitalize order)	

7. Responsibility / Advanced Directives

a. **Client has a legal guardian:** Indicate yes or no (1 or 0, respectively) for this item. Remember that a legal guardian is a court-appointed guardian for an individual. A legal guardian and a personal representative are not the same.

b. **Client has advanced medical directives in place.** (for example, a do not hospitalize order): Indicate yes or no (1 or 0, respectively) for this item.

3.2.5. Contact Information:

All phone /fax numbers must be in 10-digit format, separated by dashes, as shown here: xxx-xxx-xxxx.

All e-mail addresses must display proper format. Example: name@ domain.com

E. CONTACT INFORMATION		
1.	Client Contact Info	a. Address 1: b. Address 2: c. City: d. State: e. Zip: f. Home Tel: g. Work Tel: h. Cell Tel: i. Fax Tel: j. E-Mail: k. Directions: l. Facility m. Parish Mailing Address n. Name: o. Address 1: p. Address 2: q. City: r. State: s. Zip:

7.2.5.1. Client Contact Info:

Items a. through k. Complete fully, indicating the applicant's home address and other contact information. The applicant's home address must be entered here even if he/she is entering (or has entered) a Nursing Facility.

Item 1.l: The name of the Nursing Facility the applicant is entering will be entered in 1.l.

Item 1.m: The parish where the Nursing Facility is located will be entered in Item 1.m.

Client Contact Info		
Home		
a. Address 1:		
b. Address 2:		
c. City:	d. State:	e. Zip:
f. Home Tel:		g. Work Tel:
h. Pager Tel:		i. Fax Tel:
j. E-mail:		
k. Directions:		
l. Facility Name:		
m. Parish:		

Client Contact Info		
Mailing Address if Different From Primary Address		
n. Name:		
o. Address 1:		
p. Address 2:		
q. City:	r. State:	s. Zip:

Item
1.n

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Appendix A

Emergency Contact Info		
a. Name		
b. Address 1:		
c. Address 2:		
d. City:	e. State:	f. Zip:
g. Home Tel:		h. Work Tel:
i. Pager Tel:		j. Fax Tel:

Physician Contact Info		
a. Name		
b. Address 1: (Mailing Address)		
c. Address 2:		
d. City:	e. State:	f. Zip:
g. Home Tel:		h. Work Tel:
i. Pager Tel:		j. Fax Tel:
k. E-mail:		

through 1.s: Enter the client's mailing address in these items only if it is different from the home address shown in Items 1.a. through 1.k. If the mailing address is the same as Items 1.a. through 1.k., leave Items 1.n through 1.s blank. Do not enter "Same" or "Same as above" or anything else in these items.

7.2.5.2. Emergency Contact Info:

Complete in entirety (a. through j.) for the applicant's emergency contact.

7.2.5.3. Physician Contact Info:

The applicant's primary physician's contact information will be recorded in this section (items a. through k.)

7.2.5.4. Other Contact:

If an applicant has an additional contact person other than the emergency contact person shown in item 2.a through 2.j , OR, if the applicant has a personal representative, tutor, curator, power of attorney or other specially-designated contact, his/her information must be included in Item 4.a. through 4.k. This contact's designation (personal representative, tutor, curator, power of attorney or other) must be selected in Item 4. using the numeric indicators shown. Leave this item blank if there is no specially-designated contact.

Other Contact Info	Type of Other Contact		
	1. Personal Representative	4. Power of Attorney	
	2. Tutor	5. Other (specify):	
	3. Curator		
	a. Name:		
	b. Address 1:		
	c. Address 2:		
	d. City:	e. State:	f. Zip:
	g. Home Tel:	h. Work Tel:	
	i. Pager Tel:	j. Fax Tel:	
k. E-mail:			

3.5. Louisiana DHH Regions

(Find the parish in which the applicant resides on the table below; note the designated DHH Region that corresponds with the parish in “B.2. of Client Face Sheet.)

<i>Parish</i>	<i>DHH Region</i>	<i>Parish</i>	<i>DHH Region</i>
Acadia	4	Madison	8
Allen	5	Morehouse	8
Ascension	2	Natchitoches	7
Assumption	3	Orleans	1
Avoyelles	6	Ouachita	8
Beauregard	5	Plaquemines	1
Bienville	7	Pointe Coupee	2
Bossier	7	Rapides	6
Caddo	7	Red River	7
Calcasieu	5	Richland	8
Caldwell	8	Sabine	7
Cameron	5	St. Bernard	1
Catahoula	6	St. Charles	3
Claiborne	7	St. Helena	9
Concordia	6	St. James	3
DeSoto	7	St. John the Baptist	3
East Baton Rouge	2	St. Landry	4
East Carroll	8	St. Martin	4
East Feliciana	2	St. Mary	3
Evangeline	4	St. Tammany	9
Franklin	8	Tangipahoa	9
Grant	6	Tensas	8
Iberia	4	Terrebonne	3
Iberville	2	Union	8
Jackson	8	Vermilion	4
Jefferson Davis	5	Vernon	6
Jefferson	1	Washington	9
Lafayette	4	Webster	7
Lafourche	3	West Baton Rouge	2
LaSalle	6	West Carroll	8
Lincoln	8	West Feliciana	2
Livingston	9	Winn	6